



County of San Diego

GARY W. ERBECK
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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RICHARD HAAS
ASSISTANT DIRECTOR

OFFICE USE ONLY
Request # _____

REQUEST TO REVIEW DEH RECORDS

(You may attach business card/overprint with business card if preferred.)

REQUESTED BY:

Company Name: _____

Mailing Address: _____

Contact Person: _____

Phone: (____) _____

A request is hereby made to review Department of Environmental Health (DEH) records, as indicated below for the following reason:

Signature Title Date

Each request is limited to a **MAXIMUM OF FIVE (5)** addresses. A separate form must be completed for each address.

Establishment Name EXACT Address/City REQUIRED Zip Code File # (Optional)
(No Street Ranges Accepted) REQUIRED

OFFICE USE ONLY BELOW THIS LINE

| | | | | | | |
|---|----------|-----------|-----------|----------|-------------|---------|
| Files checked for Confidential Information By/Date: _____ | H# _____ | AT# _____ | NT# _____ | T# _____ | HIRT# _____ | # _____ |
|---|----------|-----------|-----------|----------|-------------|---------|

Files reviewed by: _____ of _____ Date: _____

Photocopies _____ Cost _____ Paid _____

Photocopies picked up/mailed on _____ By _____

Date

Name

☐

A review of records has been conducted and HMD finds no record of the files you requested for this site.

Signature Title Date